Please remember:

- You must submit one Form 466 for each service (i.e., circuit) for which you request reduced rates. For example:
 - If you are requesting reduced rates for two T1 lines, you must submit two Forms 466.
 - If you are requesting reduced rates for two ISDN lines & one Frame Relay line, you must submit three Forms 466.
- If the service described on this form is subject to the 28-day competitive bidding requirement, do not select a carrier or complete the Form 466 before or during the 28-day posting period.
- You must provide evidence of the urban rate if you have completed Block 6 and have not used the urban rates from the website.
- This form, attachments, and supporting documents should be combined in one envelope and sent to the RHCD.
- If the service described on this form changes (e.g., rate change) during the funding year, you must notify RHCD immediately and submit a revised Form 466.
- If you have any questions, contact RHCD at (800) 453-1546.

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act, 47 U.S.C. Secs. 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. Sec. 1001.

FCC NOTICE FOR INDIVIDUALS REQUIRED BY THE PRIVACY ACT AND THE PAPERWORK REDUCTION ACT

Part 3 of the Commission's Rules authorize the FCC to request the information on this form. The data reported will be used to ensure that health care providers have selected the most cost-effective method of providing the requested services as set forth in 47 C.F.R. Section 54.603(b)(4). The information will be used by the Universal Service Administrative Company and/or the staff of the Federal Communications Commission, to evaluate this form, to provide information for enforcement and rulemaking proceedings and to maintain a current inventory of applicants, health care providers, billed entities, and service providers. No authorization can be granted unless all information requested is provided. Failure to provide all requested information will delay the processing of the application or result in the application being returned without action. Information requested by this form will be available for public inspection. Your response is required to obtain the requested authorization.

The public reporting for this collection of information is estimated to average 3 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the required data, and completing and reviewing the collection of information. If you have any comments on this burden estimate, or how we can improve the collection and reduce the burden it causes you, please write to the Federal Communications Commission, AMD-PERM, Paperwork Reduction Act Project (3060-0804), Washington, DC 20554. We will also accept your comments regarding the Paperwork Reduction Act aspects of this collection via the Internet if you send them to pra@fcc.gov. PLEASE DO NOT SEND YOUR RESPONSE TO THIS ADDRESS.

Remember - You are not required to respond to a collection of information sponsored by the Federal government, and the government may not conduct or sponsor this collection, unless it displays a currently valid OMB control number or if we fail to provide you with this notice. This collection has been assigned an OMB control number of 3060-0804.

THE FOREGOING NOTICE IS REQUIRED BY THE PRIVACY ACT OF 1974, PUBLIC LAW 93-579, DECEMBER 31, 1974, 5 U.S.C. 552a(e)(3) AND THE PAPEWORK REDUCTION ACT OF 1995, PUBLIC LAW 104-13, OCTOBER 1, 1995, 44 U.S.C. SECTION 3507.

This form should be submitted online through the RHC Program online application system, My Portal. https://forms.universalservice.org/usaclogin/login.asp Area Mental Health Ctr – Garden City 1111 E Spruce St Garden City, KS 67846

Evergreen Status – RHC# 886024

HCP: 13717

Cox Communications Kansas 143006715

Acct # 001 1016 06301 4301

10M Metro Ethernet 25.L9XX078132.COXC

Rural Rate:

Metro E-10M \$475.00

Urban Rate:

\$464.50(\$214.50+255.00)

SA: 111 E Spruce St. Garden City KS 67846

End: 531 Campus View, Garden City KS 67846



(NOT FOR PAYMENTS)
DEPARTMENT # 102432
PO BOX 1259
OAKS, PA 19456
6400 0090 NO RP 21 04222017 NNNNNNNN 01 014803 0054

COMPASS BEHAVORAL HEALTH 1111 E SPRUCE ST GARDEN CITY KS 67846-5958

<u> Արդգիկիրիկիրուդեսինիկիրիսրորիկիիիիրոկիի</u>

Account Summary as of Apr 21, 2017		
Pre	vious Balance	-\$47,154.21
Ren	naining Previous Balance	-\$47,154.21
New Charges: Apr 22, 2017 - May 21, 2017		
	TV	\$61.44
-#	Internet	\$1,724.95
8	Telephone	\$5,875.00
	Taxes, Fees and Surcharges	\$1,008.15
New	v Charges	\$8,669.54
Cre	dit Amount	-\$38,484.67

Page 1 of 4

April 21, 2017

CONTACT US: 🔑

www.coxbusiness.com

🖩 800-620-6196

Account Number COX PIN SERVICE ADDRESS

001 1016 063014301

3168

APT MAIN

1111 E SPRUCE ST

GARDEN CITY, KS 67846-5958



April 21, 2017 bill for COMPASS BEHAVORAL HEALTH

Account Number

001 1016 063014301

Service at

APT MAIN

1111 E SPRUCE ST

GARDEN CITY, K\$ 67846-5958

Credit Balance - Do Not Pay

Credit Amount

-\$38,484.67

COX BUSINESS PO BOX 248871 OKLAHOMA CITY OK 73124-8871

սորբրիիցիցերբիրժժարիլիանրագիտ



With EasyPay, pay your monthly Cox bill automatically from your bank or credit card account. Add Paperless Billing and you get rid of paper bills and can access your account online any time, all while saving trees! Sign up today at

www.coxbusiness.com/myaccounti

8400 0080 NORP 21 04222017 NNNNNNNN 01 014803 0054
April 21, 2017 Bill for COMPASS BEHAVORAL
HEALTH
Account number 001 1016 063014301
Page 2 of 4

Acct # 063014301 COMPASS BEHAVORAL HEALTH APT MAIN 1111 E SPRUCE ST GARDEN CITY, KS 67846-5958

CARDEN CITTA 070-10 3330		
MONTHLY SERVICES Apr 22 - May 21		
TV		
Business TV Faith & Values Pak	\$0.00	
Cox Business TV Starter	33.00	
Business TV Waiting Room	9.95	
Cox Business Advanced TV	5.99	
Business Advanced TV Receiver	8.50	
Other Fees and Surcharges		
Broadcast Surcharge	\$4.00	
Total TV	\$61.44	
INTERNET		
Cox Optical Internet 50 Mbps	\$1,595.00	
Internet Circuit Component		
Occurrence: 005		
ID: 25.HMXX.077672COXC.		
Description: 50 Mbps COI		
Total Internet	\$1,595.00	
TELEPHONE		
Circuit Occurrence: 002		
Circuit 25.L9XX.078226COXC.		
Circuit Description: Metro E-40Mb UNI		

,
Circuit Occurrence: 002
Circuit 25.L9XX.078226COXC.
Circuit Description: Metro E-40Mb UNI
Metro E-40MB UNI Interstate
Circuit Occurrence: 003
Circuit 25.CUXX.077889COXC.
Circuit Description: Metro E-10Mb EVC
Metro E-EVC Interstate



Monthly Services cont.
Circuit Occurrence: 004
Circuit 25.CUXX.077935.002.COXC
Circuit Description: Metro E-40Mb EVC

Metro E-EVC Interstate

Total Telephone	\$1,300.00
TOTAL MONTHLY SERVICES	\$2,956.44
Taxes, Fees and Surcharges	
TV and/or Internet Taxes and Fees	
FCC Fees	\$0.08
Franchise Fee	3.07
Total TV and/or Internet Taxes and Fees	\$3.15
Telephone Taxes, Fees and Surcharges	
Fees and Surcharges	
Federal Universal Service Fund	\$226,20
Total Fees and Surcharges	\$226.20
Total Telephone Taxes, Fees and Surcharges	\$226.20
Total Taxes, Fees and Surcharges	\$229.35
TOTAL FOR SERVICE ACCOUNT	\$3,185.79

Acri# 87/4:6598	COMPASS BE	HAVORAL HEALTH
STOTOTO NATIONAL STATE		
DODGE CITY, KS	67801-2376	

MONTHLY SERVICES Apr 22 - May 21

TELEPHONE

\$1,300.00

0.00

Circuit Occurrence: 001 Circuit 25.L9XX.078207.COXC. Circuit Description: Metro E-40Mb UNI

Metro E-40MB UNI Interstate \$1,300.0



Payment options

Authorized Payment Centers.

Online: Visit cox.com to register for 24-hour online access or make payments to your account.

Mail: Detach this coupon and send it with your check or money order. Please include your account number on your check. Make your checks payable to Cox Communications. Allow 7 days for processing.

Phone: You may contact us at the telephone number listed on the front of this bill anytime and follow the phone prompts to make a payment using your bank account or credit card, in Person: Visit www.cox.com/business for a list of Cox





0.00

HEALTH' Account number 001 1016 063014301 Page 3 of 4

Monthly Services cont.	
Circuit Occurrence: 002	

Circuit 25.CUXX.077935.003.COXC Circuit Description: Metro E-40Mb EVC

Metro E-EVC Interstate 0.00 \$1,300.00 **Total Telephone TOTAL MONTHLY SERVICES** \$1,300.00

Taxes, Fees and Surcharges

Telephone Taxes, Fees and Surcharges

Fees and Surcharges

\$226.20 Federal Universal Service Fund **Total Fees and Surcharges** \$226.20 **Total Telephone Taxes, Fees and Surcharges** \$226.20

Total Taxes, Fees and Surcharges \$226.20

TOTAL FOR SERVICE ACCOUNT \$1,526.20

Acct # 077256901 AREA MENTAL HEALTH-MAIN 1312 N 7TH ST

GARDEN CITY, KS 67846-4406

MONTHLY SERVICES Apr 22 - May 21

INTERNET

CBI 25-25 Mbps x 5 Mbps \$129.95 Total Internet \$129.95 **TOTAL MONTHLY SERVICES** \$129.95

TOTAL FOR SERVICE ACCOUNT Acct # 077502801 COMPASS BEHAVORAL HEALTH

GET CAMPUS VIEW ST

GARDEN CITY, KS 67846-7904

MONTHLY SERVICES Apr 22 - May 21

TELEPHONE

Circuit Occurrence: 001

Circuit 25.L9XX.078132..C0XC

Circuit Description: Metro E-10Mb UNI

Metro E. 10MB UNI Interstate

Circuit Location: 001 531 CAMPUS VIEW ST

Circuit Occurrence: 002

Circuit 25.CUXX.077889..COXC.

Circuit Description: Metro E-10Mb EVC

Metro E-EVC Interstate 0.00 **Total Telephone** \$475.00 **TOTAL MONTHLY SERVICES** \$475.00

Taxes, Fees and Surcharges

Telephone Taxes, Fees and Surcharges

Fees and Surcharges

Federal Universal Service Fund \$82.65 Total Fees and Surcharges

\$82.65

\$129.95



Total Telephone Taxes, Fees and Surcharges \$82.65 \$82.65 **Total Taxes, Fees and Surcharges** TOTAL FOR SERVICE ACCOUNT \$557.65

Acct # 077945101 COMPASS BEHAVORAL HEALT

eliteanathaige alomaine ann an [0]67/25/25/37/44/69/24/65/20/51/

MONTHLY SERVICES Apr 22 - May 21

TELEPHONE

Circuit Occurrence: 001

Circuit 25,L9XX,078356..COXC.

Circuit Description: Metro E-10Mb UNL

Metro E-10MB UN Interstate

Circuit Occurrence: 002

Circuit 25.CUXX.077935.005.COXC. Circuit Description: Metro E-10Mb UNI

Metro E-EVC Interstate 0.00 Total Telephone \$1,300.00

TOTAL MONTHLY SERVICES

Taxes, Fees and Surcharges

Telephone Taxes, Fees and Surcharges

Fees and Surcharges

Federal Universal Service Fund \$226.20 \$226.20 **Total Fees and Surcharges** \$226.20

Total Telephone Taxes, Fees and Surcharges Total Taxes, Fees and Surcharges \$226.20

TOTAL FOR SERVICE ACCOUNT \$1,526,20

Acct # 083501301

COMPASS BEHAVIORAL HEALTH

204 S COLLEGE

SCOTT CITY, KS 67871-4125

MONTHLY SERVICES Apr 22 - May 21

TELEPHONE

Circuit Occurrence: 001

Circuit 25.L9XX.080089..COXC,

Circuit Description: 10Mb Metro E UNI Type 2

Metro E-10MB UNI Intrastate

Circuit Occurrence: 002

Circuit 25.CUXX.077935.007.COXC.

Circuit Description: 10Mb Metro E EVC Type 2

Metro E-EVC Intrastate 0.00 Total Telephone \$1,500.00

TOTAL MONTHLY SERVICES \$1,500.00

Taxes, Fees and Surcharges

Telephone Taxes, Fees and Surcharges

Taxes



\$1,300.00

\$1,500.00



Taxes, Fees and Surcharges cont.	
County Tax	\$30.00
Local Sales Tax	7.50
Sales Tax	97.50
Total Taxes	\$135.00
Fees and Surcharges	
State Universal Service Fund	\$108.75
Total Fees and Surcharges	\$108.75
Total Telephone Taxes, Fees and Surcharges	\$243.75
Total Taxes, Fees and Surcharges	\$243.75
TOTAL FOR SERVICE ACCOUNT	\$1,743.75
TOTAL NEW CHARGES	\$8,669.54

CUSTOMER INFORMATION

Billing, Payment Policies and Fees:

Cox Business bills all customers in advance for monthly recurring charges and in arrears for non-recurring charges such as On

Demand/pay-per-view and long distance. Payment in full is due to Cox by the "Due By" date indicated on your statement. If payment is not received by this date, your bill will become past due and may be subject to additional fees, such as late payment charges, electronic reactivation fees, or returned payment fees. Payment of your Cox bill confirms your subscription to services and the possession of Cox owned equipment listed on your bill.

When you provide a paper, electronic check or electronic fund transfer (EFT) as payment, you authorize Cox to process your payment as a traditional check transaction or to make a one-time EFT from your account. An EFT may debit your account as soon as the same day you make your payment. Payments returned unpaid for any reason will incur a returned payment fee of up to \$30.00, or the maximum allowed by state law. By using a credit card, debit card, paper check or an electronic check to make a payment, you agree that, if your payment is returned unpaid, you expressly authorize a one-time electronic fund transfer from your account for the amount of the payment plus any returned payment fees. If payment is not received by the "Due By" date indicated on your statement, a late payment charge may be assessed on your account.

Closed Captioning: If you have questions or are experiencing problems with your Closed Caption service, please contact us at the phone number on the front of this bill. If we are unable to resolve your Closed Caption concern you may contact:

W.F. Hout, Closed Captioning, Cox Communications, 6205-B Peachtree Dunwoody Rd, Atlanta, GA 30328; Phone: 888-278-6660, Email: closedcaption@cox.com.

Basic Local Telephone Service: You must pay all regulated telephone charges to avoid disconnection of basic local telephone service. If you pay less than your full monthly bill and want the partial payment applied to telephone charges first, call Cox Customer Care; otherwise, your partial payment will first be applied to any past due balance, including non-regulated charges, putting you at risk of disconnection of telephone service.

911 Services

If your modem is disconnected or moved, or its battery is not charged or otherwise fails, phone service, including access to 911 services will not be available.

Please review the following website for additional important information about Cox's 911 practices: http://ww2.cox.com/business/voice/regulatory.cox

Pay Per Call Charges

Customer Information cont.

If you dispute any 900 or 700 information service charges, you may be entitled to a credit. You must request this credit by calling or writing Cox Communications within 30 days of receipt of this bili. Pending review, you may withhold payment of the disputed amount and collection of those charges will be suspended. You have the right to not be billed for interstate 900 calls that violate federal law. You may request blocking of 900 services. You may be blocked from calling a 900 number for failure to pay legitimate 900 call charges and the information service provider may seek collection of those charges.

Billing Dispute and Resolution

If you have any questions regarding your bill or disagree with any portion of your bill, immediately contact Cox with your concerns. You must contact us no later than 60 days from the bill's due date via the contact information listed on the front of this bill so that Cox can review your account.





(NOT FOR PAYMENTS) DEPARTMENT # 102432 PO BOX 1259 OAKS, PA 19456 6400 0090 NO RP 21 04222017 NNNNNNNN 01 014803 0054

COMPASS BEHAVORAL HEALTH 1111 E SPRUCE ST **GARDEN CITY KS 67846-5958**



April 21, 2017

CONTACT US:

www.coxbusiness.com

Page 1 of 4

800-620-6196

Account Number COX PIN SERVICE ADDRESS 001 1016 063014301

3168 APT MAIN 1111 E SPRUCE ST

GARDEN CITY, KS 67846-5958

լիններիիկիննությերիրինինիսններիկինույնն<u>։</u>

Account Summary as of Apr 21, 2017		
Pre	vious Balance	-\$47,154.21
Rer	naining Previous Balance	-\$47,154.21
New Charges: Apr 22, 2017 - May 21, 2017		
	TV	\$61.44
→	Internet	\$1,724.95
9	Telephone	\$5,875.00
	Taxes, Fees and Surcharges	\$1,008.15
Nev	v Charges	\$8,669.54
Cre	dit Amount	-\$38,484.67



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April 21, 2017 bill for COMPASS BEHAVORAL HEALTH

Account Number 001 1016 063014301

Service at

APT MAIN

1111 E SPRUCE ST

GARDEN CITY, KS 67846-5958

Credit Balance - Do Not Pay

Credit Amount

-\$38,484.67

COX BUSINESS PO BOX 248871 **OKLAHOMA CITY OK 73124-8871**

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6400 0090 NO RP 21 04222017 NNNNNNNN 01 014803 0054 April 21, 2017 Bill for COMPASS BEHAVORAL HEALTH Account number 001 1016 063014301 Page 2 of 4

Acct # 063014301 APT MAIN COMPASS BEHAVORAL HEALTH

1111 E SPRUCE ST

GARDEN CITY, KS 67846-5958

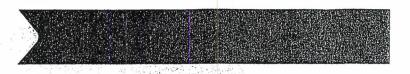
MONTHLY SERVICES Apr 22 - May 21	
TV	
Business TV Faith & Values Pak	\$0.00
Cox Business TV Starter	33,00
Business TV Waiting Room	9.95
Cox Business Advanced TV	5.99
Business Advanced TV Receiver	8.50
*	
Other Fees and Surcharges	
Broadcast Surcharge	\$4.00
Total TV	\$61.44
INTERNET	
Cox Optical Internet 50 Mbps	\$1,595.00
Internet Circuit Component	
Occurrence: 005	
ID: 25.HMXX.077672COXC.	
Description: 50 Mbps COI	
Total Internet	\$1,595.00

TELEPHONE

Circuit Occurrence: 002
Circuit 25.L9XX.078226..COXC.
Circuit Description: Metro E-40Mb UNI
Metro E-40MB UNI Interstate \$1,300.00
Circuit Occurrence: 003
Circuit 25.CUXX.077889..COXC.
Circuit Description: Metro E-10Mb EVC

Metro E-EVC Interstate

tro E-EVC litterstate



Monthly Services cont.

Circuit Occurrence: 004

Circuit 25.CUXX.077935.002.COXC Circuit Description: Metro E-40Mb EVC

Circuit Description West of Province	
Metro E-EVC Interstate	0.00
Total Telephone	\$1,300.00
TOTAL MONTHLY SERVICES	\$2,956.44
Taxes, Fees and Surcharges	
TV and/or Internet Taxes and Fees	
FCC Fees	\$0.08
Franchise Fee	3.07
Total TV and/or Internet Taxes and Fees	\$3.15
Telephone Taxes, Fees and Surcharges Fees and Surcharges	
Federal Universal Service Fund	\$226.20
Total Fees and Surcharges	\$226.20
Total Telephone Taxes, Fees and Surcharges	\$226.20
Total Taxes, Fees and Surcharges	\$229.35
TOTAL FOR SERVICE ACCOUNT	\$3,185.79

Acct # 074165901 COMPASS BEHAVORAL HEALTH 3000 N 14TH AVE

DODGE CITY, KS 67801-2376

MONTHLY SERVICES Apr 22 - May 21

TELEPHONE

0.00

Circuit Occurrence: 001

Circuit 25.L9XX.078207..COXC.

Circuit Description: Metro E-40Mb UNI

Metro E-40MB UNI Interstate \$1,300.00



Payment options

Online: Visit cox.com to register for 24-hour online access or make payments to your account.

Mail: Detach this coupon and send it with your check or money order. Please include your account number on your check. Make your checks payable to Cox Communications. Allow 7 days for processing.

Phone: You may contact us at the telephone number listed on the front of this bill anytime and follow the phone prompts to make a payment using your bank account or credit card.

In Person: Visit www.cox.com/business for a list of Cox Authorized Payment Centers.





Account number 001 1016 063014301

Page 3 of 4

TOTAL MONTHLY SERVICES	\$1,300.00
Total Telephone	\$1,300.00
Metro E-EVC Interstate	0.00
Circuit Description: Metro E-40Mb EVC	
Circuit 25.CUXX.077935.003.COXC	
Circuit Occurrence: 002	
Monthly Services cont.	

		•	
Ta	xes, Fees and Su	rcharges	
	ephone Taxes, Fee	s and Surcharges	
Fed	deral Universal Servi	ce Fund	\$226.20
Tot	al Fees and Surcha	rges	\$226.20
Tot	al Telephone Taxe	s, Fees and Surcharges	\$226.20
Tot	al Taxes, Fees and	Surcharges	\$226.20
TO	TAL FOR SERVICE A	CCOUNT	\$1,526.20
	t # 077256901 2 N 7TH ST	AREA MENTAL HEALTH-MAIN	

CBI 25-25 Mbps x 5 Mbps Total Internet	\$129.95 \$129.9 5
TOTAL MONTHLY SERVICES	\$129.95

Apr 22 - May 21

Acct # 077502801 COMPASS BEHAVORAL HEALTH
531 CAMPUS VIEW ST
GARDEN CITY, KS 67846-7904

MONTHLY SERVICES Apr 22 - May 21

T	E	L	E	P	ŀ	Į	0	N	ı	E		

Circuit Occurrence: 001

Circuit 25.L9XX.078132..COXC.

TOTAL FOR SERVICE ACCOUNT

GARDEN CITY, KS 67846-4406

MONTHLY SERVICES

Circuit Description: Metro E-10Mb UNI

N	Metro E-10MB UNI Interstate \$475.00
	Circuit Location: 001 531 CAMPUS VIEW ST
rin.	

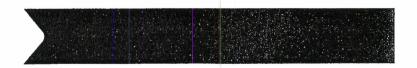
Circuit Occurrence: 002
Circuit 25.CUXX.077889..COXC.
Circuit Description: Metro E-10Mb EVC

Metro E-EVC Interstate 0.00

Total Telephone \$475.00

TOTAL MONTHLY SERVICES \$475.00

(T	
Taxes, Fees and Surcharges	
Telephone Taxes, Fees and Surcharges	
Fees and Surcharges	
Federal Universal Service Fund	\$82.65
Total Fees and Surcharges	\$82.65



Taxes, Fees and Surcharges cont. Total Telephone Taxes, Fees and Surcharges	\$82.65
Total Taxes, Fees and Surcharges	\$82.65
TOTAL FOR SERVICE ACCOUNT	\$557.65
Acct # 077945101 COMPASS BEHAVORAL H	EALTH
404 N BAUGHMAN ST	
ULYSSES, KS 67880-2058	

MONTHLY SERVICES Apr 22 - May 21

TELEPHONE

Circuit Occurrence: 001
Circuit 25.L9XX.078356..COXC.
Circuit Description: Metro E-10Mb UNI

TOTAL MONTHLY SERVICES

Metro E-10MB UNI Interstate \$1,300.00

Circuit Occurrence: 002

Circuit 25.CUXX.077935.005.COXC.

Circuit Description: Metro E-10Mb UNI

Metro E-EVC Interstate 0.00

Total Telephone \$1,300.00

Taxes, Fees and Surcharges	
Telephone Taxes, Fees and Surcharges Fees and Surcharges	
Federal Universal Service Fund	\$226.20
Total Fees and Surcharges	\$226.20
Total Telephone Taxes, Fees and Surcharges	\$226.20
Total Taxes, Fees and Surcharges	\$226.20
TOTAL FOR SERVICE ACCOUNT	\$1,526,20

Acct # 083501301 COMPASS BEHAVIORAL HEALTH 204 S COLLEGE SCOTT CITY, KS 67871-4125

MONTHLY SERVICES Apr 22 - May 21

TELEPHONE

Total Telephone

\$129.95

Circuit Occurrence: 001
Circuit 25.L9XX.080089..COXC.
Circuit Description: 10Mb Metro E UNI Type 2
Metro E-10MB UNI Intrastate
Circuit Occurrence: 002
Circuit 25.CUXX.077935.007.COXC.
Circuit Description: 10Mb Metro E EVC Type 2
Metro E-EVC Intrastate

TOTAL MONTHLY SERVICES \$1,500.00

Taxes, Fees and Surcharges Telephone Taxes, Fees and Surcharges Taxes



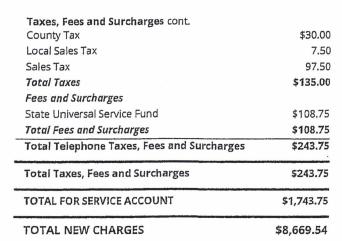
\$1,300.00

\$1,500.00

\$1,500.00

0.00

6400 0090 NO RP 21 04222017 NNNNNNN 01 014803 0054
April 21, 2017 Bill for COMPASS BEHAVORAL
HEALTH
Account number 001 1016 063014301
Page 4 of 4



CUSTOMER INFORMATION

Billing, Payment Policies and Fees:

Cox Business bills all customers in advance for monthly recurring charges and in arrears for non-recurring charges such as On Demand/pay-per-view and long distance. Payment in full is due to Cox by the "Due By" date indicated on your statement. If payment is not received by this date, your bill will become past due and may be subject to additional fees, such as late payment charges, electronic reactivation fees, or returned payment fees. Payment of your Cox bill confirms your subscription to services and the possession of Cox owned equipment listed on your bill.

When you provide a paper, electronic check or electronic fund transfer (EFT) as payment, you authorize Cox to process your payment as a traditional check transaction or to make a one-time EFT from your account. An EFT may debit your account as soon as the same day you make your payment. Payments returned unpaid for any reason will incur a returned payment fee of up to \$30.00, or the maximum allowed by state law. By using a credit card, debit card, paper check or an electronic check to make a payment, you agree that, if your payment is returned unpaid, you expressly authorize a one-time electronic fund transfer from your account for the amount of the payment plus any returned payment fees. If payment is not received by the "Due By" date indicated on your statement, a late payment charge may be assessed on your account.

Closed Captioning: If you have questions or are experiencing problems with your Closed Caption service, please contact us at the phone number on the front of this bill. If we are unable to resolve your Closed Caption concern you may contact:

W.F. Hott, Closed Captioning, Cox Communications, 6205-B Peachtree Dunwoody Rd, Atlanta, GA 30328; Phone: 888-278-6660, Email: closedcaption@cox.com.

Basic Local Telephone Service: You must pay all regulated telephone charges to avoid disconnection of basic local telephone service. If you pay less than your full monthly bill and want the partial payment applied to telephone charges first, call Cox Customer Care; otherwise, your partial payment will first be applied to any past due balance, including non-regulated charges, putting you at risk of disconnection of telephone service.

911 Services

If your modem is disconnected or moved, or its battery is not charged or otherwise fails, phone service, including access to 911 services will *not* be available

Please review the following website for additional important information about Cox's 911 practices: http://ww2.cox.com/business/voice/regulatory.cox

Pay Per Call Charges

Customer Information cont.

If you dispute any 900 or 700 information service charges, you may be entitled to a credit. You must request this credit by calling or writing Cox Communications within 30 days of receipt of this bill. Pending review, you may withhold payment of the disputed amount and collection of those charges will be suspended. You have the right to not be billed for interstate 900 calls that violate federal law. You may request blocking of 900 services. You may be blocked from calling a 900 number for failure to pay legitimate 900 call charges and the information service provider may seek collection of those charges.

Billing Dispute and Resolution

If you have any questions regarding your bill or disagree with any portion of your bill, immediately contact Cox with your concerns. You must contact us no later than 60 days from the bill's due date via the contact information listed on the front of this bill so that Cox can review your account



FCC Form

466

Health Care Providers Universal Service Funding Request and Certification Form

Approval by OMB 3060—0804

The deadline to submit this form is the June 30th end of the funding year.

Estimated time per response: 3 hours

Read instructions thoroughly before completing this form. Failure to comply may cause delayed or denied funding.

Blo	ock 1: HCP Information		
1	HCP Name Area Mental Health Center - Gard	en City (E Spruce St)	2 HCP Number 13717
3	Form 465 Application # 43142985 4 Cons	sortium Name (If any)	
Blo	ock 2: Bill Payer Information	EARTH STATE	
5	Billed Entity Name Area Mental Health Center - 0	Garden City	6 Billed Entity FCC RN 0011652294
7	Contact Name Jamie Warren		
8	Address Line 1 1111 East Spruce Street		
9	Address Line 2		
	City Garden City		11 State KS 12 Zip 67846
	Contact Phone # 620-227-8566 14 Fax #	#	15 Email jwarren@areamhc.org
	ock 3: Funding Year Information		
16	Funding Year - Check only one box Year 2014 (7/1/2014-6/30/2015)]Year 2015 (7/1/2015-6/30	(2016) Very 2016 (7/4/2016 0/20/2017)
Blo	ock 4: Service Information] Teal 2015 (7/1/2015-0/30	/2016) × Year 2016 (7/1/2016-6/30/2017)
17	Type of Service & Circuit Bandwidth (Documentation re	quired) Ethernet 40M	
	Total Billed Miles O	The second liverage and the se	vable Distance (From Form 465)
20	Percentage of HCP's service used for the provision of h		
	If the HCP indicated it is a part-time eligible entity (on F	orm 465), describe method	
	,		
	Connection Information	Carrier A	Carrier B Carrier C Carrier D
21	Service Provider Name	Cox Communications	
22	Service Provider Identification Number (SPIN)	143006715	
23	Service Provider Contact Person Name	Reid Frohlick	
24	Service Provider Contact Person's Phone #	620-770-6390	
25	Service Provider Contact Person Email	reid.frohlick@cox.com	
26	Circuit Start Location	1111 E Spruce Street, Garden City KS 67846	
27	Circuit Termination Location	3000 N 14th Ave, Dodge City KS 67801	
28	Billing Account Number	001 1016 06301 4301	
29	Tariff, Contract or other document reference number	798250	
30	Date Contract Signed or Date HCP Selected Carrier	10-30-2014	
31	Contract Expiration Date (mm/dd/yyyy or NA if MTM)	11-19-2017	
32	Service Installation Date	11-20-2014	
33	Actual Rural Rate per Month (Enclose Documentation)	\$1,300	
	If you are a consortium member OR have multiple carrie	1	Diagram to show how the sites
	interconnect and which carrier(s) provides each circuit s	segment. Circuit Dia	gram included: Yes X No
35	Are you a mobile rural health care provider?	Yes X No If yes, see	instructions and attach a list of all sites to be served.

INSTRUCTIONS). IF YOU ARE REQUESTING SUPPORT BASED ON URBANRURAL RATE COMPARISON, SKIP BLOCK 5 AND COMPLETE ONLY BLOCK 6, YOUR APPLICATION CANNOT BE PROCESSED IF BOTH BLOCKS ARE COMPLETED. Block 5: Mileage-based Charge Discount Request Complete this block if you are seeking support for mileage (distance-based) charges only. Do not enter any other charges in this block. You may need to ask your service provider representative to provide this information 35 Billed Circuit Miles 37 Monthly Mileage Charges (Exclude Channel Termination chgs, etc.) 38 Cost per Mile per Month 17 Line 33 equals Line 37, please ensure that ONLY mileage-related charges are included in Line 37. (See instructions.) Block 6: Comprehensive Rate Comparison Request Complete Block 6 and are requested block 6 if you have not completed Block 5 and are requested place of the provision of health care. The information in this block will establish the difference between the urban and rural rates for your requested service. Please contact RrtCD at (800 453-1546 if you need assistance. 39 One-lime Unan Rate Charge (in city where HCP is localed) 41 Monthly Urban Rate (in selected large city). From RHCD Weebsite: 42 Billed Circuit Miles 43 Monthly Mileage Based Charges 44 Cost per Mile per Month Block 7: Bill Documination 45 Did you receive any bids in response to the Form 465 Request for Services posted on the RHCD website? If you checked yes, copies of the bids MUST be submitted to RHCD. Block 8: Certification 46 X Certify that the above named entity has considered all bids received and selected the most cost-effective method of providing the requested service or services. The "most cost-effective service" is defined in the Universal Service Vote as the service available at the lovest cost after consideration of the features, quality of transmission, reliably, and other factors that the health care provider deems necessary for the service to adequately transmit the health care services requirements herein and will abid be yall of the	IF YOU ARE REQUESTING SUPPORT FOR MILEAGE-BASED CHA	RGES, COMPLI	ETE BLOCK 5 ONLY AND S	KIP BLOCK 6. (PLEASE SEE
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45 Did you receive any bids in response to the Form 465 Request for Services posted on the RHCD website? Yes X No	The state of the s	AND THE PROPERTY	ANTERNATION CONTRACTOR	The second secon
If you checked yes, copies of the bids MUST be submitted to RHCD. Block 8: Certification 46 X I certify that the above named entity has considered all bids received and selected the most cost-effective method of providing the requested service or services. The "most cost-effective service" is defined in the Universal Service Order as the service available at the lowest cost after consideration of the features, quality of transmission, reliability, and other factors that the health care provider deems necessary for the service to adequately transmit the health care services required by the health care provider. 47 X Pursuant to 47 C.F.R. Secs. 54.601 and 54.603, I certify that the HCP or consortium that I am representing satisfies all of the requirements herein and will abide by all of the relevant requirements, including all applicable FCC rules, with respect to universal service benefits provided under 47 U.S.C. Sec. 254. I understand that any letter from RHCD that erroneously states that funds will be made available for the benefit of the applicant may be subject to rescission. 48 X I hereby certify that the billed entity will maintain complete billing records for the service for five years. 49 X I certify that I am authorized to submit this request on behalf of the above-named Billed Entity and HCP, and that I have examined this form and attachments and that to the best of my knowledge, information, and belief, all statements of fact contained herein are true. 50 Signature		or Services poste	ed on the RHCD website?	Yes X No
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48 X I hereby certify that the billed entity will maintain complete billing records for the service for five years. 49 X I certify that I am authorized to submit this request on behalf of the above-named Billed Entity and HCP, and that I have examined this form and attachments and that to the best of my knowledge, information, and belief, all statements of fact contained herein are true. 50 Signature				eously states that funds will be
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52 Printed name of authorized person Geoff W Boggs 53 Title or position of authorized person CEO				
,	50 Signature Could WBM		1-21-	
54 Employer of authorized person USF Healthcare Consulting, INC. 55 Employer's FCC RN 0018694075	52 Printed name of authorized person Geoff W Boggs		E2 Title or position of outle	wined manage
			55 Title of position of autility	onzed person CEO

Please remember:

- You must submit one Form 466 for each service (i.e., circuit) for which you request reduced rates. For example:
 - If you are requesting reduced rates for two T1 lines, you must submit two Forms 466.
 - If you are requesting reduced rates for two ISDN lines & one Frame Relay line, you must submit three Forms 466.
- If the service described on this form is subject to the 28-day competitive bidding requirement, do not select a carrier or complete the Form 466 before or during the 28-day posting period.
- You must provide evidence of the urban rate if you have completed Block 6 and have not used the urban rates from the website.
- This form, attachments, and supporting documents should be combined in one envelope and sent to the RHCD.
- If the service described on this form changes (e.g., rate change) during the funding year, you must notify RHCD immediately and submit a revised Form 466.
- If you have any questions, contact RHCD at (800) 453-1546.

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act, 47 U.S.C. Secs. 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. Sec. 1001.

FCC NOTICE FOR INDIVIDUALS REQUIRED BY THE PRIVACY ACT AND THE PAPERWORK REDUCTION ACT

Part 3 of the Commission's Rules authorize the FCC to request the information on this form. The data reported will be used to ensure that health care providers have selected the most cost-effective method of providing the requested services as set forth in 47 C.F.R. Section 54.603(b)(4). The information will be used by the Universal Service Administrative Company and/or the staff of the Federal Communications Commission, to evaluate this form, to provide information for enforcement and rulemaking proceedings and to maintain a current inventory of applicants, health care providers, billed entities, and service providers. No authorization can be granted unless all information requested is provided. Failure to provide all requested information will delay the processing of the application or result in the application being returned without action. Information requested by this form will be available for public inspection. Your response is required to obtain the requested authorization.

The public reporting for this collection of information is estimated to average 3 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the required data, and completing and reviewing the collection of information. If you have any comments on this burden estimate, or how we can improve the collection and reduce the burden it causes you, please write to the Federal Communications Commission, AMD-PERM, Paperwork Reduction Act Project (3060-0804), Washington, DC 20554. We will also accept your comments regarding the Paperwork Reduction Act aspects of this collection via the Internet if you send them to pra@fcc.gov. PLEASE DO NOT SEND YOUR RESPONSE TO THIS ADDRESS.

Remember - You are not required to respond to a collection of information sponsored by the Federal government, and the government may not conduct or sponsor this collection, unless it displays a currently valid OMB control number or if we fail to provide you with this notice. This collection has been assigned an OMB control number of 3060-0804.

THE FOREGOING NOTICE IS REQUIRED BY THE PRIVACY ACT OF 1974, PUBLIC LAW 93-579, DECEMBER 31, 1974, 5 U.S.C. 552a(e)(3) AND THE PAPEWORK REDUCTION ACT OF 1995, PUBLIC LAW 104-13, OCTOBER 1, 1995, 44 U.S.C. SECTION 3507.

This form should be submitted online through the RHC Program online application system, My Portal. https://forms.universalservice.org/usaclogin/login.asp

Compass Behavioral Health

Area Mental Health Ctr – Garden City 1111 E Spruce St Garden City, KS 67846

Circuit goes to the Central Office then onto 3000 N 14th Av Dodge City, KS 67801 via an additional circuit

Evergreen Status under RHC # 798250

HCP: 13717

Cox Communications Kansas 143006715

Acct # 001 1016 06301 4301

40M Metro Ethernet 25.L9XX.078226..COXC

Rural Rate: \$1300.00

Urban Rate: \$464.50 (\$214.50+\$255.00)

URBAN RATE - AT&T 36 month Switched Ethernet Contract



(NOT FOR PAYMENTS) DEPARTMENT # 102432 PO BOX 1259 OAKS, PA 19456 6400 0090 NO RP 21 04222017 NNNNNNNN 01 014803 0054

COMPASS BEHAVORAL HEALTH 1111 E SPRUCE ST **GARDEN CITY KS 67846-5958**



April 21, 2017

CONTACT US:

www.coxbusiness.com

800-620-6196

Page 1 of 4

Account Number COX PIN

SERVICE ADDRESS

001 1016 063014301

3168

APT MAIN

1111 E SPRUCE ST

GARDEN CITY, KS 67846-5958

Ազգիկինկասփոխիկիրորդիիկիրոկո

Aco	count Summary as of Apr	21, 2017
Pre	vious Balance	-\$47,154.21
Ren	naining Previous Balance	-\$47,154.21
Nev	w Charges: Apr 22, 2017 - May 21	1, 2017
	TV	\$61.44
-	Internet	\$1,724.95
Qi.	Telephone	\$5,875.00
	Taxes, Fees and Surcharges	\$1,008.15
New	<i>l</i> Charges	\$8,669.54
Cree	dit Amount	-\$38,484.67

Business®

Make Your Life Easier and GO GREEN! With EasyPay, pay your monthly Cox bill automatically from your bank or credit card account. Add Paperless Billing and you get rid of paper bills and can access your account *online* any time, all while saving trees! Sign up today at www.coxbusiness.com/myaccounti

April 21, 2017 bill for COMPASS BEHAVORAL HEALTH

Account Number

001 1016 063014301

Service at

APT MAIN

1111 E SPRUCE ST

GARDEN CITY, KS 67846-5958

Credit Balance - Do Not Pay

Credit Amount

-\$38,484.67

COX BUSINESS PO BOX 248871 **OKLAHOMA CITY OK 73124-8871**

Ուրբըիկիիիրեկարկանում թիրակենությա



6400 0090 NORP 21 04222017 NNNNNNNN 01 014803 0054
April 21, 2017 **Bill for COMPASS BEHAVORAL HEALTH**Account number **001 1016 063014301**Page **2** of 4

Acct # 063014301 COMPASS BEHAVORAL HEALTH APT MAIN 1111 E SPRUCE ST GARDEN CITY, KS 67846-5958

THE WATER WATER

MONTHLY SERVICES Apr 22 - May 21	
TV , and the state of the state	
Business TV Faith & Values Pak	\$0.00
Cox Business TV Starter	33.00
Business TV Waiting Room	9.95
Cox Business Advanced TV	5.99
Business Advanced TV Receiver	8.50
Other Fees and Surcharges	
Broadcast Surcharge	\$4.00
Total TV	\$61.44
INTERNET	
Cox Optical Internet 50 Mbps	\$1,595.00
Internet Circuit Component	
Occurrence: 005	
ID: 25.HMXX.077672COXC.	
Description: 50 Mbps COI	
Total Internet	\$1,595.00
TELEPHONE	
Circuit Occurrence: 002	
Circuit 25.L9XX.078226COXC.	
Circuit Description: Metro E-40Mb UNI	
Metro E-40MB UNI Interstate	\$1,300.00
Circuit Occurrence: 003	
Circuit 25.CUXX.077889COXC.	
Circuit Description: Metro E-10Mb EVC Metro E-EVC Interstate	0.00
Metro e-eve interstate	0.00



Monthly Services cont.
Circuit Occurrence: 004
Circuit 25.CUXX.077935.002.COXC
Circuit Description: Metro E-40Mb EV
14.1. F F) (C) -1-1-1-1-

Metro E-EVC Interstate	0.00
Total Telephone	\$1,300.00
TOTAL MONTHLY SERVICES	\$2,956.44
Taxes, Fees and Surcharges	
TV and/or Internet Taxes and Fees	
FCC Fees	\$0.08
Franchise Fee	3.07
Total TV and/or Internet Taxes and Fees	\$3.15
Telephone Taxes, Fees and Surcharges	
Fees and Surcharges	
Federal Universal Service Fund	\$226.20
Total Fees and Surcharges	\$226.20
Total Telephone Taxes, Fees and Surcharges	\$226.20
Total Taxes, Fees and Surcharges	\$229.35
TOTAL FOR SERVICE ACCOUNT	\$3,185.79

Acct # 074165901	COMPASS BEHAVORAL HEALTH
3000 N 14TH AVE	·
DODGE CITY, KS 6780	1-2376

MONTHLY SERVICES Apr 22 - May 21

TELEPHONE

Circuit Occurrence: 001
Circuit 25,L9XX.078207..COXC.
Circuit Description: Metro E-40Mb UNI

Metro E-40MB UNI Interstate \$1,300.00



Payment options

Authorized Payment Centers.

Online: Visit cox.com to register for 24-hour online access or make payments to your account.

Mail: Detach this coupon and send it with your check or money order. Please include your account number on your check. Make your checks payable to Cox Communications. Allow 7 days for processing.

Phone: You may contact us at the telephone number listed on the front of this bill anytime and follow the phone prompts to make a payment using your bank account or credit card.

In Person: Visit www.cox.com/business for a list of Cox





Account number 001 1016 063014301 Page 3 of 4

Monthly	Services	cont.

Circuit Occurrence: 002

Circuit 25.CUXX.077935.003.COXC

Circuit Description: Metro E-40Mb EVC

Metro E-EVC Interstate

0.00

Total Telephone

\$1,300.00

TOTAL MONTHLY SERVICES

\$1,300.00

Taxes, Fees and Surcharges

Telephone Taxes, Fees and Surcharges

Fees and Surcharges

Federal Universal Service Fund

\$226.20

Total Fees and Surcharges

\$226.20

Total Telephone Taxes, Fees and Surcharges

\$226.20

Total Taxes, Fees and Surcharges

\$226.20

TOTAL FOR SERVICE ACCOUNT

\$1,526.20

Acct # 077256901

AREA MENTAL HEALTH-MAIN

1312 N 7TH ST

GARDEN CITY, KS 67846-4406

MONTHLY SERVICES Apr 22 - May 21

INTERNET

CBI 25-25 Mbps x 5 Mbps **Total Internet**

\$129.95 \$129.95

TOTAL MONTHLY SERVICES

\$129.95

TOTAL FOR SERVICE ACCOUNT

\$129.95

Acct # 077502801

COMPASS BEHAVORAL HEALTH

531 CAMPUS VIEW ST

GARDEN CITY, KS 67846-7904

MONTHLY SERVICES Apr 22 - May 21

TELEPHONE

Circuit Occurrence: 001

Circuit 25.L9XX.078132..COXC.

Circuit Description: Metro E-10Mb UNI

Metro E-10MB UNI Interstate

\$475.00

Circuit Location: 001 531 CAMPUS VIEW ST

Circuit Occurrence: 002

Total Telephone

Circuit 25.CUXX.077889..COXC.

Circuit Description: Metro E-10Mb EVC

Metro E-EVC Interstate

0.00 \$475.00

TOTAL MONTHLY SERVICES

\$475.00

Taxes, Fees and Surcharges

Telephone Taxes, Fees and Surcharges

Fees and Surcharges

Federal Universal Service Fund \$82.65 \$82.65

Total Fees and Surcharges

Taxes, Fees and Surcharges cont.

Total Telephone Taxes, Fees and Surcharges

Total Taxes, Fees and Surcharges

TOTAL FOR SERVICE ACCOUNT

\$82.65

\$82.65

\$557.65

Acct # 077945101

COMPASS BEHAVORAL HEALTH

404 N BAUGHMAN ST

ULYSSES, KS 67880-2058

MONTHLY SERVICES Apr 22 - May 21

TELEPHONE

Circuit Occurrence: 001

Circuit 25.L9XX.078356..COXC,

Circuit Description: Metro E-10Mb UNI

Metro E-10MB UNI Interstate

\$1,300.00

Circuit Occurrence: 002

Circuit 25.CUXX.077935.005.COXC.

Circuit Description: Metro E-10Mb UNI

Metro E-EVC Interstate

0.00

Total Telephone

\$1,300.00 \$1,300.00

TOTAL MONTHLY SERVICES

Taxes, Fees and Surcharges

Telephone Taxes, Fees and Surcharges

Fees and Surcharges Federal Universal Service Fund

\$226.20

Total Fees and Surcharges

\$226.20

\$226.20

Total Taxes, Fees and Surcharges

\$226.20

\$1,526,20

TOTAL FOR SERVICE ACCOUNT

Acct # 083501301 COMPASS BEHAVIORAL HEALTH

Total Telephone Taxes, Fees and Surcharges

204 S COLLEGE

SCOTT CITY, KS 67871-4125

MONTHLY SERVICES Apr 22 - May 21

TELEPHONE

Circuit Occurrence: 001

Circuit 25.L9XX.080089..COXC.

Circuit Description: 10Mb Metro E UNI Type 2

Metro E-10MB UNI Intrastate

\$1,500.00

Circuit Occurrence: 002

Circuit 25.CUXX.077935.007.COXC.

Circuit Description: 10Mb Metro E EVC Type 2

Metro E-EVC Intrastate **Total Telephone**

\$1,500.00

0.00

TOTAL MONTHLY SERVICES

\$1,500.00

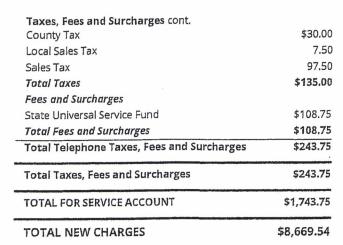
Taxes, Fees and Surcharges

Telephone Taxes, Fees and Surcharges

Taxes



6400 0090 NO RP 21 04222017 NNNNNNNN 01 014803 0054 April 21, 2017 Bill for COMPASS BEHAVORAL HEALTH Account number 001 1016 063014301 Page 4 of 4



CUSTOMER INFORMATION

Billing, Payment Policies and Fees:

Cox Business bills all customers in advance for monthly recurring charges and in arrears for non-recurring charges such as On

Demand/pay-per-view and long distance. Payment in full is due to Cox by the "Due By" date indicated on your statement. If payment is not received by this date, your bill will become past due and may be subject to additional fees, such as late payment charges, electronic reactivation fees, or returned payment fees. Payment of your Cox bill confirms your subscription to services and the possession of Cox owned equipment listed on your bill.

When you provide a paper, electronic check or electronic fund transfer (EFT) as payment, you authorize Cox to process your payment as a traditional check transaction or to make a one-time EFT from your account. An EFT may debit your account as soon as the same day you make your payment. Payments returned unpaid for any reason will incur a returned payment fee of up to \$30.00, or the maximum allowed by state law. By using a credit card, debit card, paper check or an electronic check to make a payment, you agree that, if your payment is returned unpaid, you expressly authorize a one-time electronic fund transfer from your account for the amount of the payment plus any returned payment fees. If payment is not received by the "Due By" date indicated on your statement, a late payment charge may be assessed on your account.

Closed Captioning: If you have questions or are experiencing problems with your Closed Caption service, please contact us at the phone number on the front of this bill. If we are unable to resolve your Closed Caption concern you may contact:

W.F. Hott, Closed Captioning, Cox Communications, 6205-B Peachtree Dunwoody Rd, Atlanta, GA 30328; Phone: 888-278-6660, Email: closedcaption@cox.com.

Basic Local Telephone Service: You must pay all regulated telephone charges to avoid disconnection of basic local telephone service. If you pay less than your full monthly bill and want the partial payment applied to telephone charges first, call Cox Customer Care; otherwise, your partial payment will first be applied to any past due balance, including non-regulated charges, putting you at risk of disconnection of telephone service.

911 Services

If your modem is disconnected or moved, or its battery is not charged or otherwise fails, phone service, including access to 911 services will *not* be available.

Please review the following website for additional important information about Cox's 911 practices: http://ww2.cox.com/business/voice/regulatory.cox

Pay Per Call Charges

Customer Information cont.

If you dispute any 900 or 700 information service charges, you may be entitled to a credit. You must request this credit by calling or writing Cox Communications within 30 days of receipt of this bill. Pending review, you may withhold payment of the disputed amount and collection of those charges will be suspended. You have the right to not be billed for interstate 900 calls that violate federal law. You may request blocking of 900 services. You may be blocked from calling a 900 number for failure to pay legitimate 900 call charges and the information service provider may seek collection of those charges.

Billing Dispute and Resolution

If you have any questions regarding your bill or disagree with any portion of your bill, immediately contact Cox with your concerns. You must contact us no later than 60 days from the bill's due date via the contact information listed on the front of this bill so that Cox can review your account.





(NOT FOR PAYMENTS)
DEPARTMENT # 102432
PO BOX 1259
OAKS, PA 19456
6400 0090 NO RP 21 04222017 NNNNNNNN 01 014803 0054

1 014

COMPASS BEHAVORAL HEALTH 1111 E SPRUCE ST GARDEN CITY KS 67846-5958

Account Summary as of Apr 21, 2017		
Pre	vious Balance	-\$47,154.21
Rer	naining Previous Balance	-\$47,154.21
Ne	w Charges: Apr 22, 2017 - May 21,	, 2017
	TV	\$61.44
₹	Internet	\$1,724.95
	Telephone	\$5,875.00
	Taxes, Fees and Surcharges	\$1,008.15
Nev	v Charges	\$8,669.54
Cre	dit Amount	-\$38,484.67

April 21, 2017

CONTACT US:

www.coxbusiness.com

Page 1 of 4

800-620-6196

Account Number COX PIN SERVICE ADDRESS 001 1016 063014301

3168 APT MAIN

1111 E SPRUCE ST

GARDEN CITY, KS 67846-5958



April 21, 2017 bill for COMPASS BEHAVORAL HEALTH

Account Number

001 1016 063014301

Service at

APT MAIN

1111 E SPRUCE ST

GARDEN CITY, KS 67846-5958

Credit Balance - Do Not Pay

Credit Amount

-\$38,484.67

COX BUSINESS PO BOX 248871 OKLAHOMA CITY OK 73124-8871

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6400 0090 NO RP 21 04222017 NNNNNNNN 01 014803 0054 April 21, 2017 Bill for COMPASS BEHAVORAL HEALTH Account number 001 1016 063014301 Page 2 of 4

Acct # 063014301 APT MAIN 1111 E SPRUCE ST GARDEN CITY, KS 67846-5958

COMPASS BEHAVORAL HEALTH

MONTHLY SERVICES Apr 22 - May 21

TV	. 1	
Business TV Faith & Values Pak		\$0.00
Cox Business TV Starter		33,00
Business TV Waiting Room		9.95
Cox Business Advanced TV		5.99
Business Advanced TV Receiver		8.50
<i>e</i>		
Other Fees and Surcharges		
Broadcast Surcharge		\$4.00
Total TV		\$61.44
INTERNET		
Cox Optical Internet 50 Mbps		\$1,595.00
nternet Circuit Component		
Occurrence: 005 ID: 25.HMXX.077672COXC. Description: 50 Mbps COI		

Total Internet **TELEPHONE**

Circuit Occurrence: 002 Circuit 25.L9XX.078226..COXC. Circuit Description: Metro E-40Mb UNI \$1,300.00 Metro E-40MB UNI Interstate Circuit Occurrence: 003 Circuit 25.CUXX.077889..COXC. Circuit Description: Metro E-10Mb EVC

\$1,595.00

0.00

Monthly Services cont.

Circuit Occurrence: 004

Circuit 25.CUXX.077935.002.COXC Circuit Description: Metro E-40Mb EVC

Metro E-EVC Interstate 0.00 Total Telephone \$1,300.00 TOTAL MONTHLY SERVICES \$2,956.44 Taxes, Fees and Surcharges TV and/or Internet Taxes and Fees FCC Fees \$0.08 3,07 Franchise Fee Total TV and/or Internet Taxes and Fees \$3.15 Telephone Taxes, Fees and Surcharges Fees and Surcharges \$226.20 Federal Universal Service Fund Total Fees and Surcharges \$226.20 \$226.20 Total Telephone Taxes, Fees and Surcharges \$229.35 Total Taxes, Fees and Surcharges

COMPASS BEHAVORAL HEALTH Acct # 074165901 3000 N 14TH AVE

DODGE CITY, KS 67801-2376

TOTAL FOR SERVICE ACCOUNT

MONTHLY SERVICES Apr 22 - May 21

TELEPHONE

Circuit Occurrence: 001 Circuit 25.L9XX.078207..COXC.

Circuit Description: Metro E-40Mb UNI

Metro E-40MB UNI Interstate \$1,300.00



Payment options

Metro E-EVC Interstate

Online: Visit cox.com to register for 24-hour online access or make payments to your account. Mail: Detach this coupon and send it with your check or money order. Please include your account number on your check. Make your checks payable to Cox Communications. Allow 7 days for processing. Phone: You may contact us at the telephone number listed on the front of this bill anytime and follow the phone prompts to make a payment using your bank account or credit card.

In Person: Visit www.cox.com/business for a list of Cox Authorized Payment Centers.



\$3,185.79



HEALTH ~
Account number 001 1016 063014301

Page 3 of 4

Mor	ithly	Services	cont.

Circuit Occurrence: 002

Circuit 25.CUXX.077935.003.COXC

Circuit Description: Metro E-40Mb EVC

Metro E-EVC Interstate

0.00

Total Telephone

\$1,300.00

TOTAL MONTHLY SERVICES

\$1,300.00

Taxes, Fees and Surcharges

Telephone Taxes, Fees and Surcharges

Fees and Surcharges

Federal Universal Service Fund

\$226.20

Total Fees and Surcharges

\$226.20

Total Telephone Taxes, Fees and Surcharges

\$226.20

Total Taxes, Fees and Surcharges

\$226.20

TOTAL FOR SERVICE ACCOUNT

\$1,526.20

Acct # 077256901

AREA MENTAL HEALTH-MAIN

1312 N 7TH ST

GARDEN CITY, KS 67846-4406

MONTHLY SERVICES Apr 22 - May 21

INTERNET

CBI	25-25	Mbps	x 5	Mbps

\$129.95

Total Internet

\$129.95

TOTAL MONTHLY SERVICES

\$129.95

TOTAL FOR SERVICE ACCOUNT

\$129.95

Acct # 077502801

COMPASS BEHAVORAL HEALTH

531 CAMPUS VIEW ST

GARDEN CITY, KS 67846-7904

MONTHLY SERVICES Apr 22 - May 21

TELEPHONE

Circuit Occurrence: 001

Circuit 25.L9XX.078132..COXC.

Circuit Description: Metro E-10Mb UNI

Metro E-10MB UNI Interstate

\$475.00

Circuit Location: 001 531 CAMPUS VIEW ST

Circuit Occurrence: 002

Circuit 25.CUXX.077889..COXC.

Circuit Description: Metro E-10Mb EVC

Metro E-EVC Interstate

Total Telephone

0.00 **\$475.00**

TOTAL MONTHLY SERVICES

\$475.00

Taxes, Fees and Surcharges

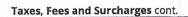
Telephone Taxes, Fees and Surcharges

Fees and Surcharges

Federal Universal Service Fund \$82.65

Total Fees and Surcharges

\$82.65



Total Telephone Taxes, Fees and Surcharges

\$82.65

Total Taxes, Fees and Surcharges

\$82.65

TOTAL FOR SERVICE ACCOUNT

\$557.65

Acct # 077945101

COMPASS BEHAVORAL HEALTH

404 N BAUGHMAN ST

ULYSSES, KS 67880-2058

COMPASS BEHAVORAL HEALT

MONTHLY SERVICES Apr 22 - May 21

TELEPHONE

Circuit Occurrence: 001

Circuit 25.L9XX.078356..COXC.

Circuit Description: Metro E-10Mb UNI

Metro E-10MB UNI Interstate

\$1,300.00

Circuit Occurrence: 002

Circuit 25.CUXX.077935.005.COXC.

Circuit Description: Metro E-10Mb UNI

Metro E-EVC Interstate

0.00

Total Telephone

\$1,300.00 \$1,300.00

TOTAL MONTHLY SERVICES

Taxes, Fees and Surcharges Telephone Taxes, Fees and Surcharges

Fees and Surcharges

Federal Universal Service Fund

\$226.20

Total Fees and Surcharges

\$226.20

\$226.20

Total Taxes, Fees and Surcharges

Total Telephone Taxes, Fees and Surcharges

\$226.20

\$1,526.20

TOTAL FOR SERVICE ACCOUNT

Acct # 083501301

COMPASS BEHAVIORAL HEALTH

204 S COLLEGE

SCOTT CITY, KS 67871-4125

MONTHLY SERVICES Apr 22 - May 21

TELEPHONE

Circuit Occurrence: 001

Circuit 25.L9XX.080089..COXC.

Circuit Description: 10Mb Metro E UNI Type 2

Metro E-10MB UNI Intrastate

\$1,500.00

Circuit Occurrence: 002

Total Telephone

Circuit 25.CUXX.077935.007.COXC.

Circuit Description: 10Mb Metro E EVC Type 2

Metro E-EVC Intrastate

0.00 **\$1,500.00**

TOTAL MONTHLY SERVICES

\$1,500.00

Taxes, Fees and Surcharges

Telephone Taxes, Fees and Surcharges

Taxes







Taxes, Fees and Surcharges cont.	
County Tax	\$30.00
Local Sales Tax	7.50
Sales Tax	97.50
Total Taxes	\$135.00
Fees and Surcharges	
State Universal Service Fund	\$108.75
Total Fees and Surcharges	\$108.75
Total Telephone Taxes, Fees and Surcharges	\$243.75
Total Taxes, Fees and Surcharges	\$243.75
TOTAL FOR SERVICE ACCOUNT	\$1,743.75
TOTAL NEW CHARGES	\$8.669.54

CUSTOMER INFORMATION

Billing, Payment Policies and Fees:

Cox Business bills all customers in advance for monthly recurring charges and in arrears for non-recurring charges such as On Demand/pay-per-view and long distance. Payment in full is due to Cox by the "Due By" date indicated on your statement. If payment is not received by this date, your bill will become past due and may be subject to additional fees, such as late payment charges, electronic reactivation fees, or returned payment fees. Payment of your Cox bill confirms your subscription to services and the possession of Cox owned equipment listed on your bill.

When you provide a paper, electronic check or electronic fund transfer (EFT) as payment, you authorize Cox to process your payment as a traditional check transaction or to make a one-time EFT from your account. An EFT may debit your account as soon as the same day you make your payment. Payments returned unpaid for any reason will incur a returned payment fee of up to \$30.00, or the maximum allowed by state law. By using a credit card, debit card, paper check or an electronic check to make a payment, you agree that, if your payment is returned unpaid, you expressly authorize a one-time electronic fund transfer from your account for the amount of the payment plus any returned payment fees. If payment is not received by the "Due By" date indicated on your statement, a late payment charge may be assessed on your account.

Closed Captioning: If you have questions or are experiencing problems with your Closed Caption service, please contact us at the phone number on the front of this bill. If we are unable to resolve your Closed Caption concern you may contact:

W.F. Hott, Closed Captioning, Cox Communications, 6205-B Peachtree Dunwoody Rd, Atlanta, GA 30328; Phone: 888-278-6660, Email: closedcaption@cox.com.

Basic Local Telephone Service: You must pay all regulated telephone charges to avoid disconnection of basic local telephone service. If you pay less than your full monthly bill and want the partial payment applied to telephone charges first, call Cox Customer Care; otherwise, your partial payment will first be applied to any past due balance, including non-regulated charges, putting you at risk of disconnection of telephone service.

911 Services

If your modem is disconnected or moved, or its battery is not charged or otherwise fails, phone service, including access to 911 services will **not** be available.

Please review the following website for additional important information about Cox's 911 practices: http://ww2.cox.com/business/voice/regulatory.cox

Pay Per Call Charges

Customer Information cont.

If you dispute any 900 or 700 information service charges, you may be entitled to a credit. You must request this credit by calling or writing Cox Communications within 30 days of receipt of this bili. Pending review, you may withhold payment of the disputed amount and collection of those charges will be suspended. You have the right to not be billed for interstate 900 calls that violate federal law. You may request blocking of 900 services. You may be blocked from calling a 900 number for failure to pay legitimate 900 call charges and the information service provider may seek collection of those charges.

Billing Dispute and Resolution

If you have any questions regarding your bill or disagree with any portion of your bill, immediately contact Cox with your concerns. You must contact us no later than 60 days from the bill's due date via the contact information listed on the front of this bill so that Cox can review your account.



FCC Form **466**

Health Care Providers Universal Service Funding Request and Certification Form

Approval by OMB

3060-0804

The deadline to submit this form is the June 30th end of the funding year.

35 Are you a mobile rural health care provider?

Estimated time per response: 3 hours

Read instructions thoroughly before completing this form. Failure to comply may cause delayed or denied funding. Block 1: HCP Information 1 HCP Name 14677 2 HCP Number 14677 3 Form 465 Application #43163638 Consortium Name (If any) Block 2: Bill Payer Information 5 Billed Entity Name Area Mental Health Center - Ulysses 6 Billed Entity FCC RN 0011652294 7 Contact Name Jamie Warren 8 Address Line 1 404 North Baughman Street 9 Address Line 2 10 City Ulysses 11 State KS 12 Zip 67880 13 Contact Phone # 620-275-0625 14 Fax #620-275-7908 15 Email jwarren@areamhc.org **Block 3: Funding Year Information** 16 Funding Year - Check only one box Year 2014 (7/1/2014-6/30/2015) Year 2015 (7/1/2015-6/30/2016) × Year 2016 (7/1/2016-6/30/2017) **Block 4: Service Information** 17 Type of Service & Circuit Bandwidth (Documentation required) Ethernet 10M 18 Total Billed Miles O 19 Maximum Allowable Distance (From Form 465) 20 Percentage of HCP's service used for the provision of health care. 100 (If less than 100%, please explain.) If the HCP indicated it is a part-time eligible entity (on Form 465), describe method of allocating prorated support. Coleter Gatere, faktonnet fiftene De garage 21 Service Provider Name Cox 22 Service Provider Identification Number (SPIN) 143006715 23 Service Provider Contact Person Name Reid Frohlick 24 Service Provider Contact Person's Phone # 620-770-6390 25 Service Provider Contact Person Email reid.frohlick@cox.com 26 Circuit Start Location 404 N Baughman, Ulysses 27 Circuit Termination Location 1111 E Spruce St, Garden City KS 67846 28 Billing Account Number 001 1016 06301 4301 29 Tariff, Contract or other document reference number 30 Date Contract Signed or Date HCP Selected Carrier 10-30-2014 31 Contract Expiration Date (mm/dd/yyyy or NA if MTM) 11-19-2017 32 Service Installation Date 11-20-14 33 Actual Rural Rate per Month (Enclose Documentation) 1.300 34 If you are a consortium member OR have multiple carriers, please attach a Circuit Diagram to show how the sites interconnect and which carrier(s) provides each circuit segment. Circuit Diagram included: X No Yes

Yes X

No If yes, see instructions and attach a list of all sites to be served.

IF YOU ARE REQUESTING SUPPORT FOR MILEAGE-BASED CHARGES	S, COMPLETE BLOCK 5 ONLY AND SKIP BLOCK 6. (PLEASE SEE
INSTRUCTIONS). IF YOU ARE REQUESTING SUPPORT BASED ON UR	
COMPLETE ONLY BLOCK 6. YOUR APPLICATION CANNOT BE PROCE	
Block 5: Mileage-based Charge Discount Request	
Complete this block if you are seeking support for mileage (distance-based)	charges only. Do not enter any other charges in this block. You may need
to ask your service provider representative to provide this information	
36 Billed Circuit Miles	
37 Monthly Mileage Charges (Exclude Channel Termination chgs, etc.)	
38 Cost per Mile per Month	
If Line 33 equals Line 37, please ensure that ONLY mileage-related	d charges are included in Line 37. (See instructions.)
Block 6: Comprehensive Rate Comparison Request Complete Block 6 if you have not completed Block 5 and are requesting sup	poort for all elements of your telecommunications service necessary for
the provision of health care. The information in this block will establish the d	lifference between the urban and rural rates for your requested service.
Please contact RHCD at (800 453-1546 if you need assistance.	
39 One-time Urban Rate Charge (in selected large city)	
40 One-time Rural Rate Charge (in city where HCP is located)	
41 Monthly Urban Rate (in selected large city). From RHCD	50
website: or Other rate documentation attached:	
If your circuit includes charges for mileage over the Maximum Allowab	le Dist., (Line 19), please complete Lines 42 to 44. Otherwise, skip to Block 7.
42 Billed Circuit Miles	
43 Monthly Mileage Based Charges	
44 Cost per Mile per Month	
Block 7: Bid Documentation	
45 Did you receive any bids in response to the Form 465 Request for Ser	rvices posted on the RHCD website? Yes X No
If you checked yes, copies of the bids MUST be submitted to RHCD.	
Block 8: Certification	ceived and selected the most cost-effective method of providing the
46 X I certify that the above named entity has considered all bids rec	" is defined in the Universal Service Order as the service available at the
lowest cost after consideration of the features, quality of transn	nission, reliability, and other factors that the health care provider deems
necessary for the service to adequately transmit the health car	e services required by the health care provider.
47 X Pursuant to 47 C.F.R. Secs. 54.601 and 54.603, I certify that tr	ne HCP or consortium that I am representing satisfies all of the
requirements herein and will abide by all of the relevant require	ements, including all applicable FCC rules, with respect to universal
	and that any letter from RHCD that erroneously states that funds will be
made available for the benefit of the applicant may be subject	o rescission.
48 X I hereby certify that the billed entity will maintain complete billing	ig records for the service for five years.
49 X I certify that I am authorized to submit this request on behalf of	f the above-named Billed Entity and HCP, and that I have examined this
form and attachments and that to the best of my knowledge, in	formation, and belief, all statements of fact contained herein are true.
50 Signature	51 Date 7-27-17
52 Printed name of authorized person Coeff W Pogge	53 Title or position of authorized person CEO
Geoff W Boggs	
54 Employer of authorized person USF Healthcare Consulting, IN	IC. 55 Employer's FCC RN 0018694075
Ooi Healthcare Ooisuling, in	3013004070

Please remember:

- You must submit one Form 466 for each service (i.e., circuit) for which you request reduced rates. For example:
 - If you are requesting reduced rates for two T1 lines, you must submit two Forms 466.
 - If you are requesting reduced rates for two ISDN lines & one Frame Relay line, you must submit three Forms 466.
- If the service described on this form is subject to the 28-day competitive bidding requirement, do not select a carrier or complete the Form 466 before or during the 28-day posting period.
- You must provide evidence of the urban rate if you have completed Block 6 and have not used the urban rates from the website.
- This form, attachments, and supporting documents should be combined in one envelope and sent to the RHCD.
- If the service described on this form changes (e.g., rate change) during the funding year, you must notify RHCD immediately and submit a revised Form 466.
- If you have any questions, contact RHCD at (800) 453-1546.

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act, 47 U.S.C. Secs. 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. Sec. 1001.

FCC NOTICE FOR INDIVIDUALS REQUIRED BY THE PRIVACY ACT AND THE PAPERWORK REDUCTION ACT

Part 3 of the Commission's Rules authorize the FCC to request the information on this form. The data reported will be used to ensure that health care providers have selected the most cost-effective method of providing the requested services as set forth in 47 C.F.R. Section 54.603(b)(4). The information will be used by the Universal Service Administrative Company and/or the staff of the Federal Communications Commission, to evaluate this form, to provide information for enforcement and rulemaking proceedings and to maintain a current inventory of applicants, health care providers, billed entities, and service providers. No authorization can be granted unless all information requested is provided. Failure to provide all requested information will delay the processing of the application or result in the application being returned without action. Information requested by this form will be available for public inspection. Your response is required to obtain the requested authorization.

The public reporting for this collection of information is estimated to average 3 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the required data, and completing and reviewing the collection of information. If you have any comments on this burden estimate, or how we can improve the collection and reduce the burden it causes you, please write to the Federal Communications Commission, AMD-PERM, Paperwork Reduction Act Project (3060-0804), Washington, DC 20554. We will also accept your comments regarding the Paperwork Reduction Act aspects of this collection via the Internet if you send them to pra@fcc.gov. PLEASE DO NOT SEND YOUR RESPONSE TO THIS ADDRESS.

Remember - You are not required to respond to a collection of information sponsored by the Federal government, and the government may not conduct or sponsor this collection, unless it displays a currently valid OMB control number or if we fail to provide you with this notice. This collection has been assigned an OMB control number of 3060-0804.

THE FOREGOING NOTICE IS REQUIRED BY THE PRIVACY ACT OF 1974, PUBLIC LAW 93-579, DECEMBER 31, 1974, 5 U.S.C. 552a(e)(3) AND THE PAPEWORK REDUCTION ACT OF 1995, PUBLIC LAW 104-13, OCTOBER 1, 1995, 44 U.S.C. SECTION 3507.

This form should be submitted online through the RHC Program online application system, My Portal. https://forms.universalservice.org/usaclogin/login.asp

Compass Behavioral Health

Area Mental Health Ctr - Ulysses 404 N Baughman Ulysses, KS 67880

Circuit runs to Central Office in Garden City then onto 1111 E Spruce St Garden City, KS 67846 via an additional circuit

Evergreen Status under contract – RHC# 798250

HCP:

14677

Cox Kansas Telecom 143006715

Acct #

001 1016 06301 4301

10M Metro Ethernet

ID: 25.L9XX.078356.COXC

Rural Rate:

\$1300.00

Urban Rate:

\$464.50

Urban Rate - 36 month AT&T Switched Ethernet contract

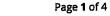


(NOT FOR PAYMENTS)
DEPARTMENT # 102432
PO BOX 1259
OAKS, PA 19456
6400 0090 NO RP 21 04222017 NNNNNNNN 01 014803 0054

COMPASS BEHAVORAL HEALTH 1111 E SPRUCE ST GARDEN CITY KS 67846-5958

<u> Արդեիլին իրա հետինիկիր հարդիկիկիր և հի</u>

Account Summary as of Apr 21, 2017		
Pre	vious Balance	-\$47,154.21
Rer	naining Previous Balance	-\$47,154.21
Nev	w Charges: Apr 22, 2017 - May 21	i, 2017
	TV	\$61.44
₩	Internet	\$1,724.95
9	Telephone	\$5,875.00
	Taxes, Fees and Surcharges	\$1,008.15
Nev	v Charges	\$8,669.54
Cre	dit Amount	-\$38,484.67



April 21, 2017

CONTACT US: www.coxbusiness.com

800-620-6196

Account Number COX PIN SERVICE ADDRESS 001 1016 063014301

3168 APT MAIN 1111 E SPRUCE ST

GARDEN CITY, KS 67846-5958



April 21, 2017 bill for COMPASS BEHAVORAL HEALTH

Account Number 001

001 1016 063014301

Service at

APT MAIN 1111 E SPRUCE ST

GARDEN CITY, KS 67846-5958

Credit Balance - Do Not Pay

Credit Amount

-\$38,484.67

COX BUSINESS PO BOX 248871 OKLAHOMA CITY OK 73124-8871

"Business"
Make Your Life Easier and GO GREEN!

www.coxbusiness.com/myaccount!

With EasyPay, pay your monthly Cox bill automatically from your bank or credit

card account. Add Paperless Billing and you get rid of paper bills and can access your account online any time, all while saving trees! Sign up today at

8400 0090 NO RP 21 04222017 NNNNNNNN 01 014803 0054 April 21, 2017 Bill for COMPASS BEHAVORAL HEALTH Account number 001 1016 063014301 Page 2 of 4

Acct # 063014301 APT MAIN 1111 E SPRUCE ST **GARDEN CITY, KS 67846-5958**

COMPASS BEHAVORAL HEALTH

Monthly Services cont. Circuit Occurrence: 004 Circuit 25.CUXX.077935.002.COXC Circuit Description: Metro E-40Mb EVC Metro E-EVC Interstate

Total Telephone \$1,300.00 **TOTAL MONTHLY SERVICES** \$2,956.44

Taxes, Fees and Surcharges TV and/or Internet Taxes and Fees \$0.08 FCC Fees Franchise Fee 3,07 Total TV and/or Internet Taxes and Fees \$3.15 Telephone Taxes, Fees and Surcharges Fees and Surcharges \$226.20 Federal Universal Service Fund Total Fees and Surcharges \$226.20 \$226,20 Total Telephone Taxes, Fees and Surcharges \$229.35 **Total Taxes, Fees and Surcharges** TOTAL FOR SERVICE ACCOUNT \$3,185.79

Acct # 074165901 COMPASS BEHAVORAL HEALTH clolology (Menastravic DODGE CITY, KS 67801-2376

MONTHLY SERVICES Apr 22 - May 21

TELEPHONE

Circuit Occurrence: 001 Circuit 25 L9XX.078207 .COXC. Circuit Description: Metro E-40Mb UNI

Metro E-40MB UNI interstate

MONTHLY SERVICES Apr 22 - May 21

TV \$0.00 Business TV Faith & Values Pak 33,00 Cox Business TV Starter 9.95 **Business TV Waiting Room** 5.99 Cox Business Advanced TV **Business Advanced TV Receiver** 8.50 Other Fees and Surcharges \$4.00 **Broadcast Surcharge** \$61,44 Total TV INTERNET \$1,595.00 Cox Optical Internet 50 Mbps Internet Circuit Component Occurrence: 005 ID: 25.HMXX.077672..COXC. Description: 50 Mbps COI \$1,595.00 Total Internet

TELEPHONE

Circuit Occurrence: 002 Circuit 25.L9XX:078226..COXC.

Circuit Description: Metro E-40Mb UNI

Metro E-40MB UNI Interstate

\$1,300.00

Circuit Occurrence: 003

Circuit 25.CUXX.077889..COXC.

Circuit Description: Metro E-10Mb EVC

0.00 Metro E-EVC Interstate



Payment options

Online: Visit cox.com to register for 24-hour online access or make payments to your account. Mail: Detach this coupon and send it with your check or money order. Please include your account number on your check. Make your checks payable to Cox Communications. Allow 7 days for processing. Phone: You may contact us at the telephone number listed on the front of this bill anytime and follow the phone prompts to make a payment using your bank account or credit card.

in Person: Visit www.cox.com/business for a list of Cox Authorized Payment Centers.





0.00

TOTAL MONTHLY SERVICES	\$1,300.00
Total Telephone	\$1,300.00
Metro E-EVC Interstate	0.00
Circuit Description: Metro E-40Mb EVC	
Circuit 25.CUXX.077935.003.COXC	
Circuit Occurrence: 002	
Monthly Services cont.	

Taxes, Fees and Surcharges	<u> </u>
Telephone Taxes, Fees and Surcharges Fees and Surcharges	
Federal Universal Service Fund	\$226.20
Total Fees and Surcharges	\$226.20
Total Telephone Taxes, Fees and Surcharges	\$226.20
Total Taxes, Fees and Surcharges	\$226.20
TOTAL FOR SERVICE ACCOUNT	\$1,526.20

Acct # 077256901	AREA MENTAL HEALTH-MAIN
1312 N 7TH ST	

GARDEN CITY, KS 67846-4406

MONTHLY SERVICES Apr 22 - May 21

, more and a second		
INTERNET		
CBI 25-25 Mbps x 5 Mbps	\$129.95	
Total Internet	\$129.95	
TOTAL MONTHLY SERVICES	\$129.95	
TOTAL FOR SERVICE ACCOUNT	\$129.95	
A ALL WOTTERSON COMPACE DELIAVORAL LIENTEL		

OMPASS BEHAVURAL HEALIH 531 CAMPUS VIEWST GARDEN CITY, KS 67846-7904

MONTHLY SERVICES Apr 22 - May 21

TELEPHONE

Circuit Occurrence: 001 Circuit 25 L9XX.078132, COXC

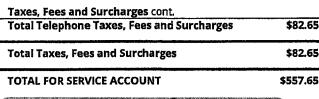
TOTAL MONTHLY SERVICES

Circuit Description: Metro E-10Mb UNI Metro E-10MB UNI Interstate

Circuit Location: 001 531 CAMPUS VIEW ST Circuit Occurrence: 002 Circuit 25.CUXX.077889..COXC. Circuit Description: Metro E-10Mb EVC Metro E-EVC Interstate 0.00 \$475.00 **Total Telephone**

Taxes, Fees and Surcharges **Telephone Taxes, Fees and Surcharges** Fees and Surcharges

Federal Universal Service Fund \$82.65 \$82.65 Total Fees and Surcharges



Glating destinates and complete UJNYSSES (KS 67/880) 2019:

MONTHLY SERVICES Apr 22 - May 21

TELEPHONE

Circuit Occurrence: 001 Circuit 25,19/X/07/8556.COXC CIRCUIT DESCRIPTION METTO ESTUMIO UNI Metro E-10MB UNI Interstate «

Circuit Occurrence: 002 Circuit 25.CUXX.077935.005.COXC. Circuit Description: Metro E-10Mb UNI

Metro E-EVC Interstate 0.00 **Total Telephone** \$1,300.00

TOTAL MONTHLY SERVICES \$1,300.00

Taxes, Fees and Surcharges Telephone Taxes, Fees and Surcharges Fees and Surcharges

Federal Universal Service Fund \$226.20 Total Fees and Surcharges \$226.20 \$226.20 Total Telephone Taxes, Fees and Surcharges **Total Taxes, Fees and Surcharges** \$226.20

TOTAL FOR SERVICE ACCOUNT \$1,526.20

Acct # 083501301 COMPASS BEHAVIORAL HEALTH 204 S COLLEGE

SCOTT CITY, KS 67871-4125

MONTHLY SERVICES Apr 22 - May 21

TELEPHONE

Circuit Occurrence: 001 Circuit 25.L9XX.080089..COXC.

Circuit Description: 10Mb Metro E UNI Type 2

Metro E-10MB UNI Intrastate

Circuit Occurrence: 002

Circuit 25.CUXX.077935.007.COXC.

Circuit Description: 10Mb Metro E EVC Type 2

0.00 Metro E-EVC Intrastate Total Telephone \$1,500.00

\$1,500.00

\$1,500.00

Taxes, Fees and Surcharges

TOTAL MONTHLY SERVICES

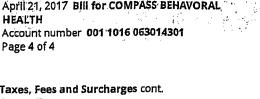
Telephone Taxes, Fees and Surcharges

Taxes

\$475.00



6400 0090 NO RP 21 04222017 NNNNNNNN 01 014803 0054 April 21, 2017 Bill for COMPASS BEHAVORAL HEALTH Account number 001 1016 063014301



Taxes, Fees and Surcharges cont.	
County Tax	\$30.00 7.50 97.50 \$135.00
Local Sales Tax	
Sales Tax	
Total Taxes	
Fees and Surcharges	
State Universal Service Fund	\$108.75 \$108.75 \$243.75
Total Fees and Surcharges	
Total Telephone Taxes, Fees and Surcharges	
Total Taxes, Fees and Surcharges	\$243.75
TOTAL FOR SERVICE ACCOUNT	\$1,743.75
TOTAL NEW CHARGES	\$8,669.54

CUSTOMER INFORMATION

Billing, Payment Policies and Fees:

Cox Business bills all customers in advance for monthly recurring charges and in arrears for non-recurring charges such as On Demand/pay-per-view and long distance. Payment in full is due to Cox by the "Due By" date indicated on your statement. If payment is not received by this date, your bill will become past due and may be subject to additional fees, such as late payment charges, electronic reactivation fees, or returned payment fees. Payment of your Cox bill confirms your subscription to services and the possession of Cox owned equipment listed on your bill.

When you provide a paper, electronic check or electronic fund transfer (EFT) as payment, you authorize Cox to process your payment as a traditional check transaction or to make a one-time EFT from your account. An EFT may debit your account as soon as the same day you make your payment. Payments returned unpaid for any reason will incur a returned payment fee of up to \$30.00, or the maximum allowed by state law. By using a credit card, debit card, paper check or an electronic check to make a payment, you agree that, if your payment is returned unpaid, you expressly authorize a one-time electronic fund transfer from your account for the amount of the payment plus any returned payment fees. If payment is not received by the "Due By" date indicated on your statement, a late payment charge may be assessed on your account.

Closed Captioning: If you have questions or are experiencing problems with your Closed Caption service, please contact us at the phone number on the front of this bill. If we are unable to resolve your Closed Caption concern you may contact:

W.F. Hott, Closed Captioning, Cox Communications, 6205-B Peachtree Dunwoody Rd, Atlanta, GA 30328; Phone: 888-278-6660, Email: closedcaption@cox.com.

Basic Local Telephone Service: You must pay all regulated telephone charges to avoid disconnection of basic local telephone service. If you pay less than your full monthly bill and want the partial payment applied to telephone charges first, call Cox Customer Care; otherwise, your partial payment will first be applied to any past due balance, including non-regulated charges, putting you at risk of disconnection of telephone service.

If your modem is disconnected or moved, or its battery is not charged or otherwise fails, phone service, including access to 911 services will not be

Please review the following website for additional important information about Cox's 911 practices: http://ww2.cox.com/business/voice/regulatory.cox

Pay Per Call Charges

Customer Information cont.

if you dispute any 900 or 700 information service charges, you may be entitled to a credit. You must request this credit by calling or writing Cox Communications within 30 days of receipt of this bill. Pending review, you may withhold payment of the disputed amount and collection of those charges will be suspended. You have the right to not be billed for Interstate 900 calls that violate federal law. You may request blocking of 900 services. You may be blocked from calling a 900 number for failure to pay legitimate 900 call charges and the information service provider may seek collection of those charges.

Billing Dispute and Resolution

If you have any questions regarding your bill or disagree with any portion of your bill, immediately contact Cox with your concerns. You must contact us no later than 60 days from the bill's due date via the contact information listed on the front of this bill so that Cox can review your account.

